



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLATOR INFORM	MATION		
Name STEPHEN P.	HANLEY		Office:  House	☐ Senate
Mailing address  60 LINCOLN City, zip code	AVE'		District 59 Phone	edacii daliica kali isaa kali kali kali kali kali kali kali ka
GARDINER	<i>0</i> 4345	non an apply design.	96 Phone 582-94	>73
PART 1. INCOMI	E DERIVED FROM EMP	LOYMENT BY ANOT	HER	
List the name and address of each employer from economic activity of each employer.	m whom you received com	pensation of \$1,000 or r	nore. Specify the	principal type of
Name of Employer	Addre	SS	Principal Type Activity of I	
(For	OME DERIVED FROM S Legislators who are self	-employed.)	Transmistra en la come 180 121 - San Sen Sen Sen A Lansmistra	
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	any, and list the major are ssociation, or similar busin	as of economic activity to less entity, list the major	from which you der areas of economic	rived income. If a activity of that
Name and Address of Business Entity	Major Areas	of Economic Activity (self)	Major Areas o Activ (partnership, asso business	rity ciation or similar
Name: Address:		VV-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V		
Name: Address:				440 Ministriphis (Ministriphis (Ministriphis and American

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the prientity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your f	
Name and Address of Firm Major Areas of Pr (self)	actice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	gifts. If none, check the box.
	gifts. If none, check the box.
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of	gifts. If none, check the box.  Kind of Income (investments, leases, etc.)
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: STHTE STREET, POBOX 514K BOSION, MASS	Kind of Income
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: STATE STREET, PO BOX 51LM, BOSION, MASS  Address: SOCIAL SECURITY ADD., PO, BOX 310120, TAMAJCA, N.Y.	Kind of Income (investments, leases, etc.)
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: STHTE STREET, POBOX 51LK, BOSTON, MASS  Address: SCIAL SECURITY IDM., PO, BOX 310120, TAMAICA, N.Y.  Name: ALLIANZ	Kind of Income (investments, leases, etc.)
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: STATE STREET, PO BOX 51LM, BOSION, MASS  Address: SOCIAL SECURITY ADD., PO, BOX 310120, TAMAJCA, N.Y.	Kind of Income (investments, leases, etc.)
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a line of the source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a line of the source of source  Name: STHTE STREET, POBON 51LK, BOSTON, MASS  Address: SOCIAL SECURITY RDD., PO, BON 310120, TAMAICA, N.Y.,  Name: ALLIANZ  Address: P.O. BON 1122, SOUTHERSTERN, PA, 19398 -1122  PART 5. REPORTABLE LIABILITIES	Kind of Income (investments, leases, etc.)  RETREMENT  S.S. T., BENEITS  THURST MENTS
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: STHTE STREET, PO BOX 51LKI, BOSION, MASS  Address; SCHAL SECURITY ADM., PO, BOX 310120, TAMIAICA, N.N., Name: ALLIANZ  Address: D.O. BOX 1122, SOUTHEASTERN, PA. 19398 -1122	Kind of Income (investments, leases, etc.)  RETREMENT  S.S. T., BENE/ITS  TNV3ST/HENTS
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a Name and Address of Source  Name: STHTE STREET, PO BOX 5144, BOSTON, MASS  Address: SOCIAL SECURITY RDM. PO, BOX 310120, TANNAICA, N.Y.  Name: ALLIANZ  Address: D.O. BOX 1122, SOUTHEASTERN, PA, 19398—1122  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the	Kind of Income (investments, leases, etc.)  RETREMENT  S.S. T., BENE/ITS  TNV3ST/HENTS
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: STHTE STREET, PO BOX 51LK, BOSTON, MASS  Address: SCIAL SECURITY IDM., PO, BOX 310120, TAINIAICA, N.Y.,  Name: ALLIANZ  Address: P.O. BOX 1122, SOUTHEASTERN, PA, 19398-1122  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	Kind of Income (investments, leases, etc.)  RETREMENT  S.S. T., BENE/ITS  TNV3ST/HENTS
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PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: STATE STREET, POBON 51LK, BOSTON, MASS  Address: SCHAL SECURITY ADD., PO, BON 310120, TANNAICA, N.Y. Name: ALLIANZ  Address: P.O. BON 1122, SOUTHEASTERN, PA, 19399 1122  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no None  Name and Address of Creditor	Kind of Income (investments, leases, etc.)  RETIMENT  S.S.T. BENEITS  TRUEST MENTS  reporting period, and list the major ne, check the box.
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a None  Name and Address of Source  Name: STATE STREET, PO BOX 514K, BOSTON, MASS  Address: SCHAL SECURITY ADD., PO, BOX 310120, TANNAICA, N.Y.,  Name: ALLIANZ  Address: P.O. BOX 1122, SOUTHEASTERN, PA, 19398 -1122  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no None  Name and Address of Creditor	Kind of Income (investments, leases, etc.)  RETIMENT  S.S.T. BENEITS  TRUEST MENTS  reporting period, and list the major ne, check the box.

List the specific source of each gift of more than \$300. Includ none, check the box.	le gifts with an aggregate	e value of more than \$300 from a single source.
None	. 20 с билого го под пот под под дом дом дом дом дом дом дом дом дом д	
Name of Source of Gift		Name of Source of Gift
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PART 7. REF	ORTABLE HONORAF	
List the source of any honoraria accepted for appearances or sp	peeches related to your le	gislative responsibilities. If none, check the box.
None		
Name of Source of Honoraria		Name of Source of Honoraria
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PART 8. REPRESENTA	TION BEFORE STATI	E AGENCIES
List each executive branch agency before which you represent box.		
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Name of Agency		Name of Agency
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<b>4</b> .	4.	
PART 9. BUSINE:	SS WITH STATE AGE	NCIES
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	of your immediate family	sold goods or services with a value in excess of
None	\$\$\tag{\text{2}2	**************************************
Name of Agency		Name of Agency
1.	3.	ki kunan kan di salah di salah di salah di salah salah di salah di salah di salah salah salah salah salah salah
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	<b>T.</b>	
PART 10. INCOME RECEIVED	BY MEMBERS OF IM	IMEDIATE FAMILY
List the type of economic activity representing each source of i dependent child(ren) during the reporting period and the kind of or more of income, their name and job title are listed. Do not income.	f income represented. If	e received by your spouse or domestic partner or your spouse or domestic partner received \$1,000
	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income
Name: SHEILA HANLEY 1	I SALES	Spouse or Domestic 2.
Job Title: REAL ESTATE ASENT 3		Partner 3.
		Dependent
If dependent child(ren) receive more than \$1,000 of income	0.00000000000000000000000000000000000	Child
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child
		Dependent Child

PART 6. REPORTABLE GIFTS

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Legislator w	ho willfully f	ails to file a	required:	statement	is subjec	t to a fine	of up to	\$100. (1	M.R.S.A.	§ 1017-A	۸)
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